

KING COUNTY CRITICAL INCIDENT DEBRIEFING PROGRAM FOLLOW-UP QUESTIONNAIRE

You have just participated in a debriefing following a critical incident. To assist us in evaluating the effectiveness of this program we would appreciate your completing this brief questionnaire. Your participation is purely voluntary and results will be kept strictly confidential. Please return the completed questionnaire in the attached envelope.

Team member's names and phone numbers are provided, whenever practical, should you wish to speak more personally with them. If no names are provided you may obtain phone numbers of CISM Team members by calling Ron Quinsey (206) 296-4693.

Date of Debriefing: _____ Date of Incident: _____

Occupation: _____ Agency / Dept: _____

Age: _____ Gender: _____ Years in Service: _____ Race: _____

Have you participated in a debriefing before? _____ When? _____

How many days of work did you miss last month immediately before this incident? _____

How many days of work have you missed since this incident occurred? _____

Check the box that most closely reflects your experience, five (5) being most favorable.		1	2	3	4	5
1.	How much support did the debriefing, provided by the CISM Team, give you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	How much support did you receive from co-workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	How much support did your immediate supervisor provide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	How much support did you receive from the administration of your agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	How important were the following aspects of the debriefing in which you participated?					
	I. It provided factual information about reactions that individuals may have following a traumatic experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	II. It provided a place to talk and share my feelings about what happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	III. I felt better because other people shared that they were also having reactions to the incident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In your own words can you describe what you found most helpful about the critical incident stress debriefing? _____

7. How could the debriefing process have been changed to make it more helpful to you? _____

8. How effective were the leaders who conducted the debriefing? _____

9. Did the one session provide enough time to adequately deal with the issues that were of concern to you? _____

10. The following is a list of reactions that may occur in anyone following a traumatic incident. Use the left column to place a mark beside the reactions that you have experienced following the incident. Then use the right column to mark the three which have been the most troublesome to you.

	Repetitive and intrusive thoughts about the incident	
	Sadness, crying, or depression	
	Anxiety or tension	
	Guilty feelings about what happened	
	Problems with authority figures, rules, regulations	
	More easily startled than usual, 'jumpy'	
	Difficulty concentrating	
	Trouble remembering parts of what happened	
	Sleeping problems: trouble falling asleep, restless sleep or waking up early	
	Nightmares or vivid dreams (often about the incident)	
	Feeling angry, easily irritated	
	Lost interest in hobbies or social activities	
	Using alcoholic beverages or drugs more than usual	
	Feeling or acting as if the incident were occurring again ('flashbacks')	
	Emotional numbness; hard to experience feelings at all	
	More family problems than usual	
	Feeling distant or emotionally cut off from others	
	Deliberately trying to avoid thoughts of feelings associated with the incident	
	Staying away from things that remind you of the incident	
	Being watchful or "on-guard for no reason	
	Reacting physically to things that remind you of the incident, like breaking out in a sweat, your heart pounding or racing, or breathing heavily	

Please make any additional comments about this experience that seem important to you. _____

If this questionnaire has raised any questions that you would like to discuss further, please feel free to contact one of the team leaders who conducted your debriefing. Please contact them at the following telephone numbers:

Health Professional(s) _____ Phone: _____
 _____ Phone: _____

Peer Support Debriefers(s) _____ Phone: _____
 _____ Phone: _____